

Sick Leave Donation Request Form

Date: _____

Employee Requesting Leave:

Name _____ Employee ID # _____

By signing this form, I understand that I must use all my accrued sick leave and annual leave before any donated time can be applied. I also understand that I am not to request leave to be donated to me, and that Human Resources will make the request on my behalf. I acknowledge that I may not buy, bargain for or otherwise make an exchange for sick leave with any other employee for any reason. I understand that this request must be approved by my Department Head and the HR Department before any leave time can be donated.

Employee's Signature: _____

OR

Supervisor Requesting
Leave on Employee's Behalf: _____

Department Head Approval: _____